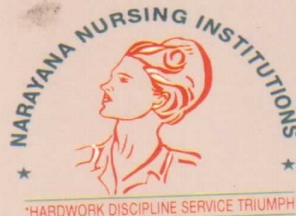


ISSN 2278 - 5361

N NARAYANA NURSING JOURNAL

VOLUME 3, ISSUE 3 JUNE - 2014



Womens Day

Every time you smile at someone,
it is an action of love,
a gift to that person,

a beautiful thing.
Mother Teresa



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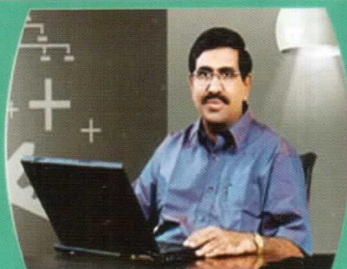
LOVE

FOR

CARE

NARAYANA URSING JOURNAL

Chinthareddypalem, Nellore - 524 002. a.p. india.
Ph : 0861 - 2317969, 2310046, 2317963 Ext. 245, 299
Fax : 0861 - 2311968, 0861 - 2310046
e-mail : narayana_nursing@yahoo.co.in
website : <http://www.narayanannursinginstitutions.com>



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Editors Message



1975 was designated as 'International Women's Year' by the United Nations. Women's organizations and governments around the world have also observed International Women's Day annually on 8 March by holding large-scale events that honor women's advancement and while diligently reminding of the continued vigilance and action required to ensure that women's equality is gained and maintained in all aspects of life. The western world kept the women as second citizens and refused to impart knowledge, equal salary and even voting though they practice democracy for a long period.

What is the status of women in India? Now I want us to remember our culture, which is being changed by various cultures that were invaded in our mother land.

Women Status in The Ancient India

It's said during the ancient India, women enjoyed equivalent status & rights like their male counterparts. In addition they were properly educated in the early Vedic period. These references are available from the works of Grammarians such as Katyayana and Patanjali. Women also had the freedom to select their husbands. This system was known as 'Swayamvar.' In fact during this time, women had superior position than the males.

Women Status in Medieval India

Women also excelled in literature, music and arts. They were also rulers during this period. Some great-women rulers were Razia Sultana who was the only women-monarch to-rule-the throne of Delhi, Nur Jahan, and Gond queen Durgavati who ruled for fifteen years before she was defeated in a battle by Ali emperor Akbar's. Nur Jahan is still considered as the most effective ruler by the society. In south India also we can find more Queens who ruled after their fathers.

Women Status in Modern India

During this time there was a little development in the women's status. There were many women reformers in India who worked for the uplift & betterment of their female counterparts. The begun of Bhopal discarded the 'purdah' & fought in the revolt of 1857 (This is the Muslim culture). Their education was elevated and English was introduced during this period. Various female writers emerged in the society. In the modern time, women in India were given freedom & right such as freedom of expression & equality as well as the right to be educated. Various prestigious positions at this period were held by women. They are enjoying the 'ladies first' facility in different fields.

I am glad to mention that the status of women in Ancient India was equal to that of men and they were educated and had more freedom. I would like to mention the name of Brahnavadini Gargi, who was a Vedic scholar and her arguments were respected by all the other scholars during that time. No one should say that 'someone since times immemorial' has decreed that women are not equal to men in India. Let us maintain our dignity and impart our service to our society.



Indira S
Indira. S, Ph.D.,
Nursing Principal

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ICU SYNDROME / ICU PSYCHOSIS :



Mrs. R. Kanakalakshmi

Msc (N)

Medical Surgical Nursing

Narayana College of Nursing,

Nellore.

Introduction:

Advances in medical science and technology have prompted the establishment of many highly specialized units (ICUs) providing intensive patient care. ICU psychosis/Delirium in the intensive care unit is a serious problem that has recently attracted much attention. As the number of intensive care units and the number of people in them grow, ICU psychosis is perforce increasing as a problem.

Definition:

“ICU Syndrome” / “ICU psychosis” as an acute organic brain syndrome involving impaired intellectual functioning and occurring in patients treated within a critical care unit.

-A/C Eisendrath

Incidence: It is commonly found in the critically ill with a reported incidence of 15-80% .By some estimates, 80% of elderly intensive-care patients develop the condition.

Etiology and Pre Disposing Factors:

• **Sensory deprivation:** A patient being put in a room that often has no windows, and is away from family, friends, and all that is familiar and comforting.

• **Sleep disturbance and deprivation:** The constant disturbance and noise with the hospital staff coming to check vital signs, give medications, etc.

• **Continuous light levels:** Continuous disruption of the normal biorhythms with lights on continually (no reference to day or night).

• **Stress:** Patients in an ICU frequently feel the almost total loss of control over their life.

• **Lack of orientation:** A patient's loss of time and date.

• **Medical monitoring:** The continuous monitoring of the patient's vital signs, and the noise monitoring devices produce can be disturbing and create sensory overload.

Medical Causes

➤ **Pain** which may not be adequately controlled in an ICU

➤ **Critical illness:** The patho physiology of the disease, illness or traumatic event - the stress on the body during an illness can cause a variety of symptoms.

➤ **Medication (drug) reaction or side effects:** The administration of medications typically given to the patient in the hospital setting that they have not taken before.

➤ **Infection** creating fever and toxins in the body.

➤ **Metabolic disturbances:** electrolyte imbalance, hypoxia, and elevated liver enzymes.

➤ **Cumulative analgesia** (the inability to feel pain while still conscious)

Clinical manifestations:

™ Sudden onset of impairment in cognition

❖ Disorganized thinking

❖ Difficulty in concentrating

❖ Problems with orientation in time and/or place and/or person

❖ Altered perception of external stimuli

❖ Impairment of memory

❖ Changes in sleep-wake cycle

❖ Hallucinations

❖ Agitation or change in activity levels.

The cluster of psychiatric symptoms of ICU psychosis includes:

❖ Extreme excitement

❖ Anxiety

❖ Restlessness

❖ Hearing voices

❖ Clouding of consciousness

❖ Hallucinations

❖ Nightmares

❖ Paranoia

❖ Disorientation

❖ Agitation

❖ Delusions

❖ Abnormal behavior

❖ Fluctuating level of consciousness which include aggressive or passive behavior.





In short, patients become temporarily psychotic. The symptoms vary greatly from patient to patient. The onset of ICU psychosis is usually rapid, and is upsetting and frightening to the patient and family members.

Duration

ICU psychosis often vanishes magically with the coming of morning or the arrival of some sleep. However, it may last 24 hours or even up to two weeks with fluctuations of the level of consciousness and behavior patterns. Although it may linger through the day, agitation frequently is worst at night. (This phenomenon, called sun downing, is also common in nursing homes). Fortunately, ICU psychosis usually resolves completely when the patient leaves the ICU.

Diagnostic evaluation:

Confusion Assessment Method Mini mental status examination and exploration of other organic causes. The diagnosis of ICU psychosis can be made only in the absence of a known underlying medical condition that can mimic the symptoms of ICU psychosis. A medical assessment of the patient is important to search for other causes of mental status abnormality such as:

- ❖ Stroke.
- ❖ Low blood sugar,
- ❖ Drug or alcohol withdrawal, and
- ❖ Any other medical condition that may require treatment.

Management:

The management strategy is to "wait and watch". Non Drug Management Continuity of health care personal Clear concise communication Repeated verbal reminders of time, place and person. Clock, calendar, TV, newspaper, radio readily accessible as a means of orientating in time

Pharmacological Management :

- ❖ An Antipsychotic agent such as haloperidol is commonly used.
- ❖ Olanzapine and Risperidone have been used as sedating and have few side effects.
- ❖ Benzodiazepine would be beneficial, and lorazepam is the drug of choice.

Other Therapeutic measures:

- ❖ Adequate pain management,
- ❖ Avoid offending drugs,
- ❖ Correct fluid and electrolytes,
- ❖ Treat infection,
- ❖ Administer oxygen,
- ❖ Correct hypoglycemia and
- ❖ Treat underlying cardiac problems.

Treatment:

The treatment of ICU psychosis clearly depends on the causes. Many times the actual cause of the psychosis involves many factors, and issues which need to be addressed to relieve the symptoms.

- ❖ A first step is a review of the patient's medications. The physician in charge of the patient along with the pharmacist can review each of the patient's medications to determine if they may be influencing the delirium.
 - ❖ Family members, familiar objects, and calm words may help. Sleep deprivation may be a major contributing factor.
 - ❖ Therefore, providing a quiet restful environment to allow the patient optimal sleep is important.
 - ❖ Controlling the amount of time visitors are allowed to stimulate the patient can also help.
 - ❖ Dehydration is remedied by administering fluids.
 - ❖ Infections must be diagnosed and treated.
 - ❖ Sedation with anti-psychotic agents may help.
- It should be understood that in saving a life in the critical environment, ICU psychosis sometimes may be a small price to pay for cutting edge, precise medical life-saving measures.

Prevention:

The primary goal is to correct any imbalance, restore the patient's health, and return the patient to normal activities as quickly as possible. To help prevent ICU psychosis, many critical care units are now:

- ❖ Using more liberal visiting policies,
- ❖ Providing periods for sleep,
- ❖ Protecting the patient from unnecessary excitement,
- ❖ Minimizing shift changes in the nursing staff caring for a patient, orienting the patient to the date and time,
- ❖ Reviewing all medical procedures with an explanation about what to expect,
- ❖ Asking the patient if there are any questions or concerns,
- ❖ Talking with the family to obtain information regarding religious and cultural beliefs, and
- ❖ Even coordinating the lighting with the normal day-night cycle, etc.

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R. KANAKALAKSHMI, M.Sc., (N)

Medical Surgical Nursing

Email : laxmi2020@yahoo.com Love For Care